

Case Number:	CM13-0003366		
Date Assigned:	03/03/2014	Date of Injury:	10/14/2003
Decision Date:	04/11/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 48-year-old male with a 10/14/03 date of injury. At the time (5/6/13) of the decision for authorization for 1 MRI of the Thoracic Spine, there is documentation of subjective (bilateral burning pain and urinary and bowel issues) and objective (dry and clean incision sites without evidence of infection) findings, imaging findings (X-Ray Lumbar (5/6/13) report revealed one of the leads from the spinal cord stimulator had migrated proximally), current diagnoses (post lumbar spine surgical syndrome and lumbar radiculitis), and treatment to date (spinal cord stimulator trial and medications). Medical report indicates a request for an MRI of the Thoracic Spine to check the overall alignment to make sure the canal is spacious. There is no documentation of plain film radiographs that are negative and objective findings that identify specific nerve compromise on the neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS ACOEM

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit), as criteria necessary to support the medical necessity of a Thoracic MRI. Within the medical information available for review, there is documentation of diagnoses of post lumbar spine surgical syndrome and lumbar radiculitis. However, despite documentation of a rationale that the request for an MRI of the Thoracic Spine is to check the overall alignment to make sure the canal is spacious, there is no documentation of plain film radiographs that are negative and objective findings that identify specific nerve compromise on the neurologic examination. Therefore, based on guidelines and a review of the evidence, the request for 1 MRI of the Thoracic Spine is not medically necessary.